2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P95000056870** 1. Entity Name U.S. TANK & CRYOGENIC EQUIPMENT, INC. Mailing Address Principal Place of Business 2001 LIMBUS AVE 2001 LIMBUS AVE SARASOTA, FL 34243 US SARASOTA, FL 34243 CR2E034 (10/03) 01072004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0601383 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BROWN, JAMES CJR. 2001 LIMBUS AVE SARASOTA, FL 34243 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BROWN, JAMES C JR. NAME 5527 2ND AVE CIRCLE WEST U00000119154 STREET ADDRESS 04/19/04-80089-002 150.00 PALMETTO, FL 34221 CITY-ST-7IP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Applied For

Not Applicable